



Chicagoland's Premier Domestic Placement Agency

[www.firstclasscare.com](http://www.firstclasscare.com)

**IMPORTANT NOTICE TO APPLICANT OR EMPLOYEE:  
PLEASE READ THIS NOTICE AND CONSENT FORM  
VERY CAREFULLY BEFORE SIGNING.**

**NOTICE AND CONSENT CONCERNING  
CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

First Class Care, Inc. ("First Class Care") is an Agent of the Families to which you may be referred for possible employment or retention. First Class Care is a placement service only is not now, and will never be, your employer. Any employment or retention relationship will exist strictly and solely between yourself and a Family. First Class Care will not be a part of any employment or retention decisions, agreements or contracts of any kind between yourself and a Family.

This form, which you should read carefully, has been provided to advise you that First Class Care may request, or has decided to request, consumer reports or investigative consumer reports in connection with your referral to a Family for possible employment or retention. Any information contained in such reports may be taken into consideration by the Family in evaluating your suitability for employment or retention. Such reports, if obtained, will be prepared by a consumer reporting agency and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested, include, but are not limited to, credit reports, criminal records checks, court records checks, and/or summaries of educational and employment records and histories. The information contained in such reports may be obtained from public record sources or through personal interviews with your neighbors, friends, associates, current or former employers, or other personal acquaintances.

If First Class Care requests an investigative consumer report, which would include personal interviews as described above, you will receive a second notice indicating that the report has been requested no later than three days after the request is made to a consumer reporting agency. This additional notice, if issued, will advise you as to your further rights pertaining to investigative consumer reports.

If any adverse decision made with regard to your referral for employment or retention, or your actual employment or retention (if any), is based entirely or in part on the information contained in a consumer report, you will be notified as to the basis of that decision and given a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, such information may or may not be relevant to for referral, employment or retention purposes, but no referral, employment or retention decision will be based solely on this information.

Your consent is required by law before AccuSource, Inc. and First Class Care may obtain a consumer report or investigative consumer report pertaining to your referral for possible employment or retention, or your actual employment or retention (if any). Your signature in the first space below indicates that you have carefully read and understand this notice and consent to the release of a consumer report or an investigative consumer report to First Class Care for referral, employment or retention purposes, at First Class Care's discretion. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing, as described in the next paragraph.

**CONSENT STATEMENT**

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to AccuSource, Inc. and First Class Care in connection with First Class Care's referral of me to a Family for potential employment or retention, or my actual employment or retention by a Family (if any). I further understand that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to revoke this consent at any time, I understand that I may do so either by signing the Refusal or Revocation of Consent Statement below and returning it to Erin Krex, First Class Care, Inc., 3330 Dundee Rd., Northbrook, IL 60062, or by sending a signed letter or statement to Erin Krex at the same address, indicating that I revoke my consent to First Class Care obtaining consumer reports or investigative reports about me for referral, employment or retention purposes. I further understand that any and all information contained in my Care Specialist Placement Application or otherwise disclosed to First Class Care by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by First Class Care and confirm that all such information is true and correct.

_____ Applicant Last Name	_____ First Name	_____ Middle Name
_____ List Other Names Used	_____ Date of Birth (For identification only)	_____ Social Security Number
_____ Drivers License Number	_____ State Drivers License Issued	_____ Last name listed on Drivers License
_____ Current Address	_____ City/State/Zip	_____ Dates
_____ Previous Address	_____ City/State/Zip	_____ Dates
_____ Previous Address	_____ City/State/Zip	_____ Dates
_____ Signature	_____ Date	

**(Form continues: Refusal or Revocation of Consent Statement on next page)**

**REFUSAL OR REVOCATION OF CONSENT STATEMENT**

**(DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT TO FIRST CLASS CARE'S OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT PURPOSES.)**

I do not consent to First Class Care obtaining consumer reports or investigative reports about me for referral, employment or retention purposes. If I have previously granted my consent, I hereby revoke it and understand that such revocation will take effect immediately after First Class Care receives this written revocation and has actual knowledge of it sufficient to communicate the revocation to those employees or agents of First Class Care who typically request consumer reports for First Class Care.

\_\_\_\_\_  
Name of Care Specialist Candidate  
(Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date